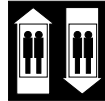




ELEVATOR SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor/Installer: _____ Tel. (_____) _____

Address _____ e-mail _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

Maintenance/Service Contractor _____

Address _____

_____ e-mail _____

Tel (_____) _____ FAX (_____) _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____

Manufacturer _____ Device I.D. _____

Machine Room Location _____

No. of Stops _____ No. of Openings _____

Travel (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Year of Installation _____ Year of Alteration _____

Estimated Cost of Elevator Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Temporary	_____	_____	_____
Joint Plan Review Required:		Final	_____	_____	_____
[] Building	[] Plumbing	SUBCODE APPROVAL:			
[] Fire	[] Electric	[] C of C	[] Temp C of C		
[] Elevator Plans Approved					
Date: _____		Date: _____			
Approved by: _____		Approved by: _____			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Date _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	ITEM	FEE (Office Use Only)
_____	Traction or Winding Drum	\$ _____
_____	1 to 10 Floors	_____
_____	Over 10 Floors	_____
_____	Hydraulic	_____
_____	Roped Hydraulic	_____
_____	Escalator/Moving Walk	_____
_____	Dumbwaiter	_____
_____	Stairway Chairlift, Inclined and	_____
_____	Vertical Wheelchair Lifts and Man Lifts	_____
_____	Oil Buffers	_____
_____	Counterweight Governor and Safeties	_____
_____	Auxiliary Power Generator	_____
_____	Alterations	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____